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ART. I.—NEW MODE OF TREATING HYDROCELE.

By J. PANCOAST, Prof. of Anatomy, Jefferson Medical College, Philada.

My dear Doctor,—I send, at your request, the following notice of a new mode for the cure of hydrocele in children:—

Hydrocele in children, even where the opening has been closed, that led from the tunica vaginalis to the cavity of the abdomen, is a disease of frequent occurrence. In early infancy strong discutient lotions will usually suffice for its cure. But after the second year, some more efficient means are required to produce this result. Mere evacuation of the serum with a common lancet or trochar, or a number of punctures made into the sac with a large needle, so that the fluid may escape into the cellular tissue of the scrotum, and be subsequently removed by the absorbents, are the modes of cure commonly relied on. But I have found them so uncertain in their result, success in many cases being attained only by a repetition of the process, that I have latterly adopted the following plan of treatment, which in three cases that I have tried it in has proved perfectly successful.

I puncture the swelling, in front and below its middle, with a common thumb lancet. When the serum is discharged a little pressure causes the serous or vaginal tunic to protrude in the form of a small cyst. This I lay hold of with a pair of forceps, and draw it out, as far as it will admit. I then divide the lower half of the cyst next the skin with a pair of scissors, and traction again being made upon the pedicle, still more of the tunic may be drawn out from the upper portion of the scrotum, which is nipped partly off and treated in like manner as before. I repeat this process, while any portion of the vaginal tunic can be made to readily protrude at the opening, so as to be laid hold of with the forceps. I then surround the side of the scrotum and the testicle involved with strips of adhesive plaster, after the manner of Fricke of Hamburg for the cure of hernia humoralis. By this means, the cellular tissue of the scrotum (the tunica vaginalis reflexa having been removed, to a considerable extent, with the forceps and scissors) is brought directly into contact with, and ultimately becomes adherent to that portion of the vaginal tunic which is closely attached to the fibrous coat of the testicle.

The child is allowed to run about as usual, and in a few days is perfectly well. Excepting as regards the puncture of the skin, the operation is entirely devoid of pain.

This plan of cure will, I think, be generally found applicable in children. It is certainly more speedy and certain in its results than any measure short of injection of the sac, which is not usually practised in children.

It would also, I think, be found successful in the recent hydrocele of adults, before the tunica vaginalis reflexa has become so coriaceous, or been so thickened by disease, as to prevent its being drawn out in the form of a cyst through a narrow opening. In one instance, where the puncture or palliative process had been several times tried without success, and in which I feared I might find a thickened membrane, I made the puncture through the skin with a curved bistoury, and pushing it on to the top of the sac, divided with the point of the instrument as I withdrew it the anterior wall of the tunic, laying open the subcutaneous cellular tissue of the scrotum, but not cutting the skin. Subsequently, no difficulty was encountered in drawing out the tunic and removing it with the scissors.

Very sincerely, yours, &c.

April 20, 1842.

J. PANCOAST.

Since writing the above, I have operated upon another case in the same manner, in which the passage leading to the cavity of the abdomen had remained open. The cure in this instance has been slow and gradual, occupying about a month, and without the aid of a truss. The fluid re-accumulated in the tumor during the first week, but it was gradually absorbed, adhesion beginning below and proceeding upwards, till a radical cure was established.

J. P.

June 8, 1842.

ART. II.—CASE OF DROPSY DEPENDENT UPON DISEASE OF THE HEART.

Reported by E. J. BEE, M. D., and JOHN STAIGE DAVIS, M. D.

Resident Physicians to the Philadelphia Hospital.

[The following case is an example of a large class, in which dropsy is dependent upon disease of the heart, and in which during life the physical signs indicate the main pathological lesions.—ED.]

Thomas M'Grath, aged 44, a labourer.—The patient says that he has enjoyed good health until about thirteen years since, when he had an attack of articular rheumatism while working in Washington, D. C. Whilst labouring under this attack, he was seized with dyspnœa and acute pain in the region of the heart. The latter, as well as the rheumatic pains, gradually yielded to appropriate treatment, but slight dyspnœa continued. Four or five years subsequently, he had another attack of rheumatism, affecting his knees and shoulders, from which he recovered.

In October 1841, he entered the hospital, in consequence of the pains recurring in his knees and thighs. He remained in the ward four weeks, and was discharged much relieved. He re-entered the house on the 10th of December following. He states that several weeks previously, while at work, and apparently well, he was seized with vertigo, which continued for three weeks. At the end of this time, the dyspnœa, to which he had been more or less subject since his first attack of rheumatism, increased. At the period of his entrance, he presented the following symptoms—dyspnœa and palpitation, aggravated by ascending stairs or by any violent muscular exertion; decubitus on the right side and elevated; some dilatation of the nostrils; cough, with a reddish glairy expectoration, somewhat resembling pneumonic sputa. The face and lips are of a bluish tint; the respiration is 36 in the minute, and laboured. Appetite indifferent, bowels regular; pulse 104, corded, and moderately resisting. The left side is slightly dilated over the præcordial region; the veins of the neck are distended. There is imperfect pulsation of the carotids, and general fulness of the capillaries. On the left side anteriorly, percussion is clear, except in the præcordial region, where it is flat; on the right side, it is clear in the upper half, but dull below. Respiration on the left side is vesicular; on the right side, also, vesicular in the upper half of the lung, inferiorly bronchial, with crepitant rhonchus. The impulse of the heart is exaggerated; both sounds are diminished, the first, however, being less distinct than the second; at the apex there is a

rasping sound, synchronous with the systole of the heart. Posteriorly, percussion is clear on the left side throughout; on the right side, dull in the inferior one-third; elsewhere it is resonant. The treatment consisted in venesection (3xij); and in small doses of calomel and ipecac. (gr. ss of the former, and gr. two-thirds of the latter every hour, till the system was affected.) He was discharged January 28th, cured, and again entered the wards on May 4th, presenting the following symptoms: some anxiety, but no marked discoloration of the countenance; respiration, abdomino-costal, regular, 30 while sitting; the pulse large and firm, requiring strong pressure to obliterate it; 90 in the sitting posture. The legs are much infiltrated with serum as high as the knees; slight œdema of the thighs and abdominal parietes. There is slight pulsation perceptible in the veins of the neck, which are empty during inspiration and filled in expiration. The chest is more expansible on the right side anteriorly than on the left; the latter is also less developed, except in the præcordial region. The left clavicle is unduly prominent, owing to an old fracture.

Percussion.—The right side is obscurely resonant in its upper third, and almost flat below, the liver extending as high as the fourth rib; the left side is preternaturally resonant, except in the præcordia. Respiration on the right side bronchial beneath the clavicle, the inspiration being feeble, the expiration strong and blowing; elsewhere it is rude, and a subcrepitan rhonchus is occasionally heard. The resonance of the voice is slightly increased; on the left side, the respiration is strongly bronchial beneath the clavicle; and is heard feebly over the greater part of the præcordial space; elsewhere it is rude.

Heart.—There is dulness on percussion beneath the right clavicle from within an inch of its left extremity, laterally to the left four inches; and on the line of the nipple there is dulness, from the junction of the fourth right rib with its cartilage to the left, in an extent of ten inches. The impulse of the heart is forcible at a point two inches below, and one to the left of the left nipple, where both sounds are heard. The first is long, protracted, and dull; the second is short and unaccompanied by any murmur; both sounds are heard between the third and fourth ribs along the middle of the sternum, the second being very clear and bell-like. Perfect flatness extends (by percussion) from the upper margin of the fourth rib, downwards, the length of the sternum, and from the middle of the sternum to within half an inch of the left nipple.

Posteriorly.—The left side is more developed than the right; percussion is obscure on the right side, more resonant on the left. Respiration at the summit of the right lung is bronchial, with crepitan rhonchus during inspiration; elsewhere it is rude. On the left side respiration is rudely vesicular at the summit of the lungs; tubal at its roots, and strongly vesicular below. The liver extends, as before remarked, from the fourth to the last false ribs. The tongue is moist; there is no pain in the lumbar region; the urine is passed without pain or difficulty, is copious, of a pale straw colour, yielding an abundant precipitate when heat is applied, or on the addition of nitric acid; this precipitate is of a reddish brown colour, and, after standing a few hours, separates into a pearl white matter, which subsides, and into a pink coloured flocculent portion, which remains suspended.

His treatment consisted in the administration of tincture of digitalis, ten drops three times a day; of purges of acetate of potassa, or of jalap and cream of tartar alternately, every other day: the infusion of chimaphila was directed as his drink: he took calomel, squills, and digitalis until the constitutional effect of the mercury was produced; and occasionally, as circumstances required, venesection, topical depletion (to the præcordia) and counter-irritants were resorted to. He was discharged in July.

The remainder of the report is by Dr. Davis.

About the middle of November he returned for the last time; he had remained in the house since his discharge, and, for three or four weeks previous to his entrance into the wards, had been compelled to work at the pumps: the violent exertion induced the return in an aggravated form of his heart affection. At the time of his admission, he laboured under great dyspnœa and palpitation on the slightest movement; the action of his heart was very violent and heaving,

the first sound was prolonged, and a bellows-murmur accompanied the second sound. He was relieved by free and repeated local depletion, and by the internal administration of small doses of tartar emetic frequently repeated; he also took the tincture of digitalis in the dose of ten drops three times a day: subsequently (towards the close of the month) a blister was applied to the præcordia; and counter-irritation kept up by tartar emetic ointment; by these means, the action of his heart was much modified, and his condition rendered one of comparative comfort. Early in December, his feet and ankles became œdematous, but the œdema was dissipated by the application of a bandage. In the latter part of the same month, he had an attack of bronchitis, which was regarded, however, as a symptom of the hydropic condition, from which he suffered more or less till within a few weeks of his death. To relieve it he took from time to time various expectorants with some benefit. From this time (toward the close of December), the first sound of the heart was generally absent, occasionally returning for a time, but even then being barely perceptible; the bellows-murmur in the second sound continued.

From the middle of February we may date the commencement of his final decline, and the occurrence of marked symptoms of obstructed circulation; the œdema of his inferior extremities reappeared, and, notwithstanding the employment of active hydragogue cathartics, (consisting principally of jalap and bitartrate of potassa), slowly but steadily increased: toward the close of the month, fluctuation was perceived for the first time in the abdomen. Recourse was then had to diuretics; he took small doses of calomel and squill, till slight ptyalism was produced, and drank freely a solution of bitartrate of potassa in juniper tea: these, although they augmented considerably the secretion of urine, did not retard the progressive accumulation of fluid, both in the cellular tissue and peritoneal cavity. During the months of March and April, these symptoms gradually increased; his respiration becoming more and more impeded, and his decubitus more elevated; the difficulty of respiration amounted to orthopnoea in the forenoon. His urine, which had been slightly albuminous since his entrance into the ward, became highly so during the last month of his life. A few days before his death his inferior extremities were enormously distended, and erysipelas commenced on the inner surface of his thighs.

He died on the 19th of April.

Necroscopy 38 hours after death. *Thorax*—Considerable effusion into the pericardium. *Heart* much enlarged, its length being six inches, and its circumference at its base twelve inches. Left ventricle hypertrophied and dilated; thickness of parietes at middle fourteen lines, length of cavity four inches. Mitral valve—Portions of its investing membrane are opaque, but the valve is flexible and entirely able to perform its functions. Semilunar valves of the aorta:—ossific deposit on the internal coats of the aorta immediately above and below the valves; cartilaginous thickening of the adherent margin of the latter. In one of the sinuses of Valsalva, on the internal surface of the artery, is a circular concave ossific plate, five lines in diameter, the concavity presenting internally. On one of the valves, there are numerous ossific spicula, particularly along its line of attachment; these, though they impair its flexibility, do not prevent its closing. The aorta in its ascending portion presents a patchy redness of its lining membrane, beneath which are numerous points of steatomatous deposit. The left auricle is much dilated. Right ventricle:—length of cavity three and a half inches; thickness of parietes at middle four lines; tricuspid valves healthy. Right auricle enormously dilated, of sufficient capacity to contain an orange. Pulmonary valves healthy.

Abdomen.—Immense effusion into the cavity of the peritoneum of a dark red colour. Liver enlarged: right lobe much softened; when shaken undulates like jelly; in feel and texture resembles the spleen: left lobe similarly affected, but in a less degree. Kidneys softened, with granular deposition in their cortical portion. On the external surface of the right ventricle there is an opacity of its investing membrane in an extent of about two square inches.

Lungs.—Right lung united to the parietes of the chest by extensive and close adhesions; texture of the lung healthy. Left lung also adherent to the pleura costalis; emphysematous in its upper middle lobe, elsewhere normal.

ART. III.—ON THE ORIGIN AND DEVELOPMENT OF THE DISEASED CONDITION OF THE INTESTINAL GLANDS, WHICH OCCURS DURING THE COURSE OF CERTAIN FORMS OF CONTINUED FEVER.

By JOHN GOODSIR, Esq., Member of the Med.-Chir. Soc. of Edinb. &c.

(Read before the Med.-Chir. Soc., February 1842.*)

Without entering upon the question, as to whether the subject of the present paper constitutes a distinct species of disease, or be merely a form of the ordinary continued fever,—a question which I am quite satisfied will never be answered, so long as each pathologist confines the inquiry to the fever of his own district, without connecting with it the consideration of those forms of fever which occur in every separate district of a country or continent,—I shall proceed at once to describe a lesion which I observed some time ago in a disease which I was led to consider as typhous or continued fever.

On opening the abdomen of individuals who had died of this fever, we could always recognise the diseased condition of the internal surface of the gut, by the elongated bluish purple spots on its peritoneal surface, corresponding to the glands of Peyer on the internal surface; and this we could do, even in those cases in which, from other circumstances, the vascularity of the parts had disappeared after death.

On laying the gut open, the patches of Peyer's glands exhibited, according to the standing of the case, the various appearances which I shall now describe.

But before proceeding to detail the phases through which the patches pass, from the first appearance of the disease till the establishment of the typhous ulcer, or of perforation, I may remark, in regard to the condition of the mucous membrane in the neighbourhood of the patches, that it did not in every case exhibit unequivocal traces of inflammatory action. It might be highly congested, or it might be perfectly bloodless in cases of well developed disease of these patches. I cannot say that I have often observed the mucous membrane pulpy or softened. The villi and follicles of Lieberkuhn have always appeared to me to be healthy. The vascularity, when it did occur, was met with principally in the neighbourhood of the glandular patches, and resembled in all respects that described and figured by Dr. Bright in his report on the form of fever lesion now before us.

The commencement of the disease is first announced by the smaller patches becoming slightly elevated, so as to be hemispherical or conical, and by the more extended groups assuming a table-like appearance, with perpendicular edges, as if a flat plate had been placed on the mucous surface. The colour varies according to the case, from bright carmine red, to dark purple or black, continuous, or in patches. In the more vascular specimens, the colour is a yellowish gray, contrasting with the dead white or grayish white of the intestinal surface. More closely examined, the surfaces of the patches exhibit, as usual, the follicles of Lieberkuhn and villi, differing in no respect from those on a healthy surface, and arranged around the vesicles of the patch in the usual manner. An examination of this kind must be made under water, and when conducted in this manner, the vesicles of the patch may be seen, by floating aside the membranous border and circle of villi which surround each of them. The vesicles themselves may thus be seen to be much distended with a yel-

* London and Edinburgh Monthly Journal of Medical Sciences, April 1842, p. 353.

lowish matter—a distention which is now perceived to be the immediate cause of the elevation of the patch.

In the second stage of the disease, the patches still continue to rise above the surrounding surface, and to exhibit the changes formerly described, in a more characteristic manner. As the elevation increases, a change begins to take place on the elevated surface. This change may be partial, that is to say, it may take place sooner on some parts of the patch than on others, but generally it extends over the whole surface, and is bounded by a line situated from a tenth to a sixteenth of an inch from the edge of the patch. The change itself consists in the surface beginning to alter in colour, becoming dirty yellow or gray, and assuming a peculiar undulating or contorted surface, like a bit of leather seared with a hot iron. The villi have now in a great measure disappeared, but the orifices, or rather the circular folds, or pits, in which are situated the vesicles, are still visible. At last, the confines of the changed portion of the patch are rendered evident by a groove apparently produced by ulceration, which, appearing here and there on these confines, at last extends all round, and indicates some change about to take place in the whole arrangement of the parts.

In the third stage, the groove just described makes its way into the tissues; and as it does so, the healthy but elevated mucous membrane on its external edge, gradually everts itself, as if by the upward pressure of the matter beneath it. While this is going on, the edges and surface of the altered portion become more rugged, and their former character somewhat obscured. The altered portion which now assumes very much the appearance of a slough tinged with intestinal matters, becomes more and more detached from the surface to which it adheres. When the mass is gently raised under water, it may be observed that its attached surface sends processes down into the cellular membrane beneath; and if these processes be carefully drawn out, they will be found to correspond each with one of the original vesicles of the patch. When detached in this manner, they leave on the surface to which they adhered, dimples, or rather pits, which may be recognised as being the cellulo-vascular sheaths of the patch vesicles.

Occasionally the free surface of the altered portion comes away first, in the form of flocculent laminæ, and the deep processes continue to be attached for some time in the cellulo-vascular capsules, like little nodules or pellets of a rounded or pyriform shape.

The altered portion, even immediately before detachment, may still present on its surface traces of its original structure. The orifices of the follicles in which the vesicles are situated are visible here and there on the surface, and the membrane retains sufficient consistence to bind the mass together.

Fourth stage. When the sloughy mass has separated, the surface of what may now be called an ulcer appears flocculent; but, when examined under water with a couple of needles, a number of foveæ, the remains of the cellulo-vascular capsules, may be observed on it. In some of these, the little pellets of deposit may still remain attached, appearing like mustard-seeds scattered over the surface. The edges of these ulcers are thick and everted, and exhibit the natural structure of the mucous membrane. In some ulcers the eversion of the edges proceeds so far as to throw the mucous surface of the edge completely over, so as to apply it to the surrounding mucous membrane.

Fifth stage. The ulcer may now heal, or proceed to perforation of the gut. In the former case granulations, I presume, appear, and the reaction of these cellular elements carries on the contraction and cicatrization so well displayed in some of the preparations on the table. In the present form of ulcer, as in others affecting the mucous coat of the bowels, it is some time before villi again make their appearance on the cicatrized surface; but these changes I have not watched or observed. When the ulceration proceeds towards perforation, it is generally one spot of the patch which is more particularly affected, the rest of the ulcer retaining its former granulating or flocculent appearance. At this stage of the process lymph begins to be deposited on the external surface of

the gut; and if the patient survives the perforation eight or ten hours, the lymph rounds off the edges of the hole, and gives it that punched-out appearance so frequently observed. The omentum may adhere opposite the incipient perforation, and after contraction has concluded, it appears as if it had been forced from without into the hole, an appearance resulting from the contracting agency of the granulations.

Having now described the changes which the patches undergo in this form of disease, I have to point out the peculiar matter upon the presence of which these changes appear to depend. The gray matter which fills the vesicles or the spaces which they occupy, I find to consist of that universal element of every primitive tissue, healthy or diseased, nucleated cells. These cells are from 2000 to 4000 of an inch in diameter. They do not in general exhibit a nucleus in the sense in which that term is generally applied; that is, the individual cells do not present in their interior smaller cells holding certain relation to them. These cavities appear to contain a number of granules, four, five, or six, as far as could be reckoned. Whether these in the aggregate are to be considered as a nucleus proceeding towards the formation of a number of young cells, or whether the appearance is to be considered as analagous to that irregular form of nucleus and cell-contents characteristic of certain forms of tubercle, I do not know. This matter, of whatever nature it may be, appears first in the vesicles of the patches, and then spreads out on all sides, after the manner of other purely cellular structures, till the whole patch, before it is thrown off, appears to be principally formed of it; the surface of the mass, however, as has been stated, and certain parts of its interior, consisting of the somewhat altered mucous and submucous tissue.

The morbid changes which the *glandulæ aggregatæ* of the ileum undergo during continued fever, appear, from the observations I have just detailed, to be of the following nature, viz. the development of cells within the constituent vesicles of the patches to such an extent as at last to burst them, or cause their solution—the continued increase in the number of the cells, proceeding from as many centres as there are vesicles in the patch—the conglomeration of the whole into one mass above the submucous and under the mucous membrane—the distention of the latter, and the necessary ulceration and sloughing of the mass arising from this circumstance.

The whole mass, as detached from the gut, is not therefore to be considered as a slough; that portion only which consists of the upper halves of the vesicles and of the mucous membrane, being dead, the greater part consisting of the cellular mass, being merely detached from the submucous tissue, and consists of those nucleated cells, which, at first confined within their generative vesicles, had at last vegetated so much as to break their natural bounds, and to become one mass of cells, constantly increasing in numbers, except below, where the separate centres from which they originally proceeded are indicated by the processes and little pellets which are situated in the remains of the vesicle capsules.

It will have been observed that I have not employed the term "*inflammation*" in the course of the description I have just given. Whether the changes I have described originate in inflammatory action or not, of this I am certain, that the ulceration and pseudo-sloughing is an immediate effect of the distention from the submucous vegetating mass, and would occur whether the latter were produced by inflammation or not.

In regard to the history of this department of the morbid anatomy of fever, I may state, that Dr. Bright has given very beautiful representations of the sloughs and ulcers in his *Reports of Medical Cases*. Louis and Chomel have referred to the appearance of the matter which distends the glands, and compared the process to the tuberculous. Schönlein, in his *General Pathology*, has made a general allusion to the deposit, and to the changes which occur in the patches.¹ Gruby, in a work on the *Microscopic Character of Morbid Pro-*

¹ Schönlein, Allgemeine und specielle Pathologie and Therapie. Zweiten Theile. 1839, p. 23.

ducts,¹ was the first, as far as I can learn, who figured and described the cells of which the deposit consists. Finally, Rokitsansky² has generalized the subject, and considered the matter deposited as peculiar to typhous fever, and referable to the same category as cancer, tubercle, &c.

My own observations have been made without reference to any hypothesis as to the pathology of fever.

ART. IV.—CASE OF SCIRRHOUS PYLORUS.

Reported by E. J. BEE, M. D., Resident Physician at the Philadelphia Almshouse in 1842.

[In the following interesting case, obscurity arose in the diagnosis owing to the existence of a bellows-sound in the epigastric region, which, at one time, suggested the idea of aneurism of the abdominal aorta. The disease was soon, however, diagnosticated to be scirrhus of the stomach, which, by pressing on the aorta, gave occasion to the sound in question.—ED.]

William Burdett was admitted into the Men's Med. Ward No. 3, May 19th, 1841: He came from Nottinghamshire, England, and was landed at Philadelphia, May 17th, 1841. When I first saw him, he was vomiting, and complained of gnawing and shooting pain in the epigastric region. No abdominal tenderness. No cough, nor pain in the chest. No cephalalgia. Countenance not sallow, but highly florid. Breath very fetid. Never had had vomiting before he came on shipboard; and his appetite was good. Was attacked with vomiting immediately after setting sail, and vomited continually during the whole passage. Not conscious of having had any pain in the epigastric region before his attack at sea.

Weighed at the time he left England thirteen stone; is now very much emaciated, and supposes he would weigh about seventy-five pounds. Had a passage over of about fifty-six days. By applying a stethoscope over the stomach, a well marked *bruit de soufflet* was heard, but no purring sound. Vomited his food imperfectly digested five or ten minutes after taking it. *Diagnosis*—Scirrhus. *Treatment*—Aqua calcis, and milk for diet. Bowels opened by common injection. May 20—Much the same, breath not so fetid. The lime water and milk checked his vomiting for a few hours only. Complaints of disagreeable taste in his mouth.

R. Tinct. Kreasot. f. ʒss.

Aquæ f. ʒ iv. ft. collutor.

The mouth to be washed with it several times daily.

21st.—Stomach much distended with wind. Twenty leeches were directed to the epigastrium. R. Tinct. Menth. pip. f. ʒj dropped on sugar. This gave him considerable relief.

22d.—Complained of pain shooting through the left side. A Burgundy plaster was applied over the left side, as a *placebo*, and the neutral mixture was directed.

23d.—Examined by Dr. Pennock. *Diagnosis*—Scirrhus of the stomach. Lime water and milk were continued. Injections of essence of beef were added, and also that he should use as much as he could by the mouth. All the food he swallowed was generally rejected. Small quantities of Tinct. opii were added to the injection. Wine whey was given him, but it was rejected.

Died on the 28th. Twelve hours before death said something had given way in his stomach.

Autopsy, 18 hours after death by Dr. Pennock. Lungs normal. Heart and head not examined. Liver cirrhotic. Spleen nearly natural. Intestines not examined. Kidneys normal. Stomach almost a solid scirrhus mass from the cardiac to the pyloric orifice. Greater curvature not as thick by one half as the smaller. About one-third from the pyloric orifice along greater curvature there

¹ Observationes Microscopicæ auctore Dav. Gruby, 1840, p. 44.

² Rokitsansky. Handbuch der Pathologischen Anatomie, Band iii. p. 265.

was an ulcerated opening, as large as a quarter of a dollar. The contents of the stomach which had been effused through this opening were found in the abdomen. *Mensuration*.—Length of the stomach, following the curvature, three inches. Thickness of coats at cardia, along greater curvature, quarter of an inch. Middle half an inch, and at pylorus three quarters of an inch. The stomach would contain about five ounces. When removed from the body, it collapsed very little, and retained perfectly the outline and form of one which was distended.

E. J. BEE, M. D.

ART. V.—HOPE'S MIXTURE AS A REMEDY IN DYSENTERY.

Sussex Co. Virginia. June 17, 1842.

Dr. Dunglison,—Below, I send you my experience in the treatment of typhoid dysentery, hoping it may prove of service to some of your numerous subscribers.

If you consider it worthy of the space it will occupy in your valuable Journal, you will oblige a subscriber by inserting it.

Yours, &c.,

BENJAMIN F. EPPES.

This disease commenced in Norfolk, Va., some time last summer, and was characterized by all the symptoms of typhoid dysentery, usually met with in the works on the subject; it had, however, other peculiar symptoms which I shall give below; considering them to be characteristic of this disease, as I have never met with them in any other. The most prominent of these was the unusual force with which the abdominal aorta pulsated; in one case, it was strong enough to remove cupping-glasses, placed on by the ordinary mode of suction, and I had to use, instead, tumblers exhausted with the flame. The skin was shrivelled and cold, with a clammy sweat extending over all parts of the body excepting the abdomen, which was very hot and dry.

Treatment. When I first saw the disease, I considered it easily managed by the remedies laid down by authors, but, alas! how soon my exalted opinion of the remedies for treatment was set at naught. I felt as a mariner would without his compass, although he had his chart. I had not yet tried the above remedy, and on referring to the first volume of the "Medical Examiner," I found it highly extolled by Prof. C. D. Meigs, whose opinion I was taught to reverence while at the University, of Va. But I will allow him to speak for himself. In speaking of a carpenter, (Miller by name), he says: "I had exhausted all of my means in his case, viz: venesection, calomel, and opium, emulsions of oil, anodyne enemata, &c.; and after many days of intense suffering he was still tormented with tormina and tenesmus, which called him up from thirty to forty times per diem. I procured the acid mixture; he took eight doses, and was well thenceforth. Since, I have used it with the most happy results in numerous cases of cholera, ordinary cholera morbus, diarrhœa, dysentery, and cholera infantum. I think it fully deserving of all the commendations bestowed on it by Mr. Hope, and I earnestly desire that the readers of your useful work may make a fair trial of it in the dysenteries which now prevail. My experience entirely accords with that of Dr. Meigs. I used it in from forty to fifty cases, and had the satisfaction to lose only two cases. Demulcents should be used as a drink and diet. I append the formula of Mr. Hope, as it may be acceptable to some of your subscribers.

R. Acidi nitrici, f ʒj.
Mist. camphoræ, f ʒviij.
Misce et adde
Tr. opii. gtt.xl.

Dose. One-fourth part every three or four hours,

BIBLIOGRAPHICAL NOTICES.

*Annual Report of the Massachusetts General Hospital.—Dr. Bell's Report of the M'Lean Asylum.*¹

We draw attention to this report mainly with the view of noticing the sensible observations of Dr. Bell, the superintendent of the M'Lean Asylum, on the numerical estimates which have been published by different insane asylums, and which make the ratio of cases greater than it is found to be, when we examine the matter without any bias. On this subject we expressed our own opinions in a former number; and shall, therefore, cite those of Dr. Bell without farther comment.

"There are but few circumstances touching the history, causes, type or results of the cases of insane persons which are capable of being stated numerically. Of these few, it unfortunately is true, that their importance is almost too insignificant as matters of curiosity or of science, to render their communication of much more value than the fashion of their dress or the aspect of the planets. I presume that the ages of patients, their civil state as married, widowed or single, the colour of the hair and eyes, the complexion and the like, might be recorded and conveyed with a tolerable degree of exactness; but beyond this any thing of the ordinary tabular statistics requires so many explanations and qualifications on account of their complexity, uncertainty and changeableness, as to deprive them entirely of the character to which they seem to aspire.

"When it is practicable by any acuteness of sagacity to seize upon, and by any precision of language to express in signs and classify in columns the degree and character of the affective sentiments, the moral qualities and the intellectual capacity of an individual, then we may look for the characteristics and results of insane hospitals in tables of scientific accuracy.

"It may be alleged that such tables, from the very nature of the subject, profess to be nothing more than mere approximations to exactitude. The question then is, whether it is not safer and better, to trust to general statements of facts on a subject of this kind, than to attempt to coerce loose approximations and conjectural estimates into the semblance of mathematical data. When an institution authorizes the general statement that cases of insanity of not many months' duration usually recover, it appears to me quite as valuable a fact in its relation to science or practice, as if a given percentage were announced from approximative data, and more so, for there are many circumstances which would probably render the last statement inexact; nay, it is impossible that it can really have the accurate character to which it pretends.

"I have ventured the opinion that very few and trifling facts relating to insane hospitals are capable of numerical expression *bonâ fide*. Even the *profession* or *vocation* of patients cannot be specifically stated in a vast number of instances, without going into the whole personal history of the individual, which of course could not be expressed in a *table*. Many, perhaps most insane men, have constitutionally ill-balanced minds, and have been restless, vacillating and unsteady in their pursuits. Some have scarcely followed any business to a degree worthy to identify them with it as having any relations to disease, (and in this view only is the research worth making), while others have run through half the mechanical arts with about equal claims to each as their calling.

"As to the *causes* of disease and its *duration* before admission, I must give my testimony that receiving patients principally from the better educated and

¹ Annual Report of the Board of Trustees of the Massachusetts General Hospital for the year 1841, 8vo. p. 40, Boston, 1842.

most intelligent classes of society, and from the proximity of the residence of most of their friends to the Asylum being in such constant communication, as enables us to ascertain and verify antecedent facts to the highest practical extent, there is not one case in ten where a satisfactory or adequate single cause can be decided upon as certain, and I suspect that in a majority of cases, the first impressions of the probable causes of disease, as derived from friends, will be changed on a more mature examination.

"The *type* or form of disease, whether mania, melancholy, dementia, moral insanity, or any other understood description of symptoms, might be given on any one day with considerable exactness. But how the same case running through several forms in the course of a few months, resting perhaps about as long in mania as in melancholia, and peradventure closing in dementia, can have an annual character applied to it, and be classified in tables, is difficult to be understood. Every one familiar with the insane knows that the character of the disease is constantly changing, many cases for years having no form so prevailing or usual as to justify its being ranked under one head rather than another.

"Even the annual return of *deaths*, (and the small ratio of mortality is a point on which our institutions have occasionally manifested considerable elation), a subject which one would suppose capable of accurate, unqualified expression if any where, will vary much, not only as affected by the care and skill of an institution or its healthiness of position and arrangements, but by the views which may be entertained of the expediency of permitting the sufferer to spend the last weeks or days of expiring life among kindred or without removal. The ratio then of mortality will express nothing beyond a mere contingent circumstance, and possess the slightest value as a fact in science.

"The number of patients *eloped*, also a subject of statistical returns, will depend upon the exertion and expense employed in regaining the fugitives, for the number of 'eloped' is based not on the frequency of escapes, but upon those not returned. Perhaps no other way is practicable, if any expression of so unimportant a fact is worth making at all, for the stages of elopement betwixt a mere losing sight of a patient for a moment, his absence for a week or his permanent release have no line of demarcation upon which any other more constant standard can be founded.

"The returns *much improved* and *improved* are obviously mere expressions of opinion, without any settled standard by which a supposed amelioration can be measured, so as to convey any precise meaning except to the mind which judges and decides upon the given case; and the term *recovered*, apparently sufficiently plain and intelligible, is far from conveying an exact unqualified idea. Indeed, it is far from an easy duty to make out a list of those who form the recovered. The degree of mental, moral, and affective soundness is widely various. In contrasting the results of one institution with another, or with a different period of the same, there is a radical uncertainty from the rules and rights of detention or dismissal. In an hospital having a legal power of detaining the patient until in the director's judgment he is recovered, those who have passed over four-fifths of their progress towards restoration, will not, as in an asylum under different regimen, be removed by impatient or presumptuous friends to add to the number of 'much improved' only. In such a case, it is the opinion, or rather the will of friends, that determines the return of 'recovered' or 'much improved.'

"As a matter of comparison this branch of statistics is still more likely to lead into error. This was adequately shown in our last annual report of this Asylum; the records demonstrating that the returns of 'recovered,' were affected a hundred per cent. in favour of late, as compared with early years, by the establishment of a rule requiring at least a three-months' residence in case recovery were not sooner obtained. Any legal or conventional power of retaining patients until the event was fairly and fully decided, would effect still another change in this respect.

"Again, if a case of insanity presumed to be of not more than six months' standing is called *recent* in one institution, and of twelve at another, the conse-

quence will be that at the first the ratio of cures of recent cases will be essentially, and of old cases immensely greater than at the latter under identical facts! So if those dismissed from an institution in a convalescent state are entered in the register of one institution as 'much improved,' while at another, if they are heard of as sound before the end of the year, they swell the list of cured, it is manifest that the same facts make a widely opposite report.

"The two great points in relation to 'recovered' patients, on which an approximation to accuracy would be peculiarly desirable both for popular and professional information, are the degree of integrity to which the sufferer arrives in his intellectual powers, his moral sense and his affective sentiments, and the number of attacks to which he may have been previously subjected. We have never attempted to go fully into these our American institutions; we have not only not essayed to tabularize them, but have not often ventured general expressions of opinion. For aught which has been reported, the public is justified in supposing that in all cases 'recovered,' a state of original integrity is attained, while melancholy experience too strongly demonstrates that this is far from being uniformly the case; the temper, feelings and intellect of the sufferer, perhaps previously ill-balanced or ill-regulated, feel the influence of a decided attack of disease in augmented irregularity and eccentricity.

"The register too of any institution will not fail to present many instances of 'recovery,' which have 'recovered' before, and that perhaps repeatedly, cases often of periodical disease arriving at a certain stage of soundness perhaps complete, but not permanent. It is possible that a single case of this kind might constitute several recoveries in a single year! This would readily happen if the sufferer's residence were so near an institution that he could be removed when in his rational stage from its care, and be replaced when a paroxysm of excitement or depression supervened. Every Asylum has its proportion of these frequent comers. If entered anew each time of relapse, and discharged as 'recovered' in the ratio or per centage of recoveries, especially in an institution discharging not more than fifty or a hundred patients annually, the effect would be ludicrously obvious.

"A single illustration in this matter of statistics will show how easy it is 'to keep the word of promise to the ear, but break it to the sense.' An eminent English naval officer in his book of travels in the United States, shows his estimate of the high character of our institutions for the insane, by referring to the statistics of one where the ratio of recoveries is given as 91 $\frac{1}{4}$ per cent. This statement was doubtless literally accurate. Every work on insanity since issued from the press abroad, comes to us repeating this fact without comment. Will it be credited that this ratio, apparently so precise and minute as to descend to fractional parts, was based on the event of twenty-three cases, discharged in one year, (*recent cases too, not of a year's but of six months' standing*), twenty-one of which recovered! *Percentages* were deduced from less than a quarter of a hundred units.

"I make these explanations in order that the few returns of a statistical similitude which I have presented the past and present years, may pass with the profession and with the public for their exact scientific worth. In the first years of my direction here, following the customary plan which I found existing, I made the attempt with as much care and candour as I could bring to my aid, to offer some more extended statements than have been since tried, and even held out the promise in the Report for 1838, to give a general return of the varied circumstances relating to the cases for the first twenty years of the institution. After labouring with the amplest records before me for many weeks, the project was abandoned, as neither capable of an accuracy to render it interesting to the community, and as certainly of little value to the profession. In truth, I was apprehensive that conclusions drawn from facts so uncertain, would partake quite as much of error as of truth. Unfounded opinions are of comparatively little permanent mischief in medical science, when presented merely as opinions; published with a numerical aspect, they may as *false facts* be of infinite injury.

*Twenty-fifth Annual Report of the Friends' Asylum, near Frankford, Pa.*¹

This report exhibits, that this valuable institution continues to proceed as successfully as ever in its course of usefulness. Ninety-seven cases were under care during the year; of these, thirty-nine cases were admitted within the year, and the same number have been discharged.

"Of the eighteen Asylums," says the Report of the Physicians, "exclusively for the insane, in actual operation, at the present time, in the United States, that which is under your supervision was established at an earlier period than any other, with the single exception of the one at Williamsburg, Virginia. A quarter of a century has elapsed since the Friends' Asylum was opened for the reception of patients. During that period, the population of the country, and with it, the number of the insane, has been greatly augmented; that revolution which had then just commenced, in the management of those who are suffering under mental alienation, has been completed; the law of true kindness, and correct principles of physical or moral treatment, have superseded the employment of excessive corporeal restraint, coercion and punishment; with increased resources by the means of which to prosecute a practical benevolence, that true philanthropy which recognizes every fellow being as a brother or a sister, has brought into existence numerous institutions, in which the poor, as well as the rich, are made partakers of the comforts of life, and furnished with every means which may contribute to the restoration of health.

"In the improvements of Asylums corresponding with this general progress, it is believed that the one under your care, has, in a good measure, kept pace with those which have more recently been established. There are few institutions of the kind, in which the facilities for an enlightened moral treatment are superior, if equal to those of the Asylum near Frankford.

"The garden, park, woods and fields in summer, the carpenter's and the basket maker's shop, and a course of lectures on Chemistry in winter; the library, circular rail-road and horses and carriage, at all seasons of the year, afford adequate means for occupation, recreation and amusement. In warm weather, so general is the resort to these, that during the past season, it was not an unfrequent occurrence for twenty-five of the thirty men-patients, to be entirely away from the Asylum building, distributed in the fields, at the library and elsewhere. Manual employment still proves, as heretofore, the most effectual of the 'moral means,' for the promotion of a cure in the curable, and in making those more comfortable and contented, in whom the disease appears to have become permanently established. But, while this pre-eminence is accorded to useful labour, we cannot entirely overlook the evident utility of recreation and innocent amusement. During the past season, a patient labouring under the agonizing delusions of the most abject melancholy, was admitted into the Asylum. In his opinion all mankind had been brought to 'ruin and destruction,' by the acts of himself alone. To him, the smoke ascending from a chimney, indicated the commencement of a general conflagration of the universe; a conflagration imposed upon all created things, in retribution for the sins which he had committed. By long persuasion, he was induced to assist in raking leaves, in the grove; but to his mind he gathered them for no good purpose. They were the funeral pile upon which he was to be immolated.

"The first smile which was won from this unfortunate patient, appeared while he was playing at ball, a game in which he had been induced to engage, after repeated and prolonged entreaty. From that time, his progress to recovery was constant and unusually rapid." P. 21.

¹ *Twenty-fifth Annual Report on the State of the Asylum for the Relief of Persons deprived of the Use of their Reason*, 8vo. pp. 30, Philadelphia, 1842.

*Proceedings of the Medical Convention of Ohio.*¹

It is only of late that we have received the Proceedings of the Medical Convention of Ohio, whose meetings are likely to be productive of much advantage to the profession of the West, not only by reason of the interesting papers that are read before it, but of the good fellowship that cannot fail to be engendered between the members of the profession. The highly respectable Dr. Geo. W. Boerstler, of Fairfield county, presided: and Drs. Kreider and Awl were appointed Secretaries.

Besides the proceedings of the Convention, the pamphlet before us contains sundry interesting papers read before it: viz. 1st. On diseases induced by mercury, by Dr. J. P. Harrison. 2. Report on auscultation and percussion, by Drs. Mendenhall, R. L. Howard, and C. D. Brayton. 3. Address on medical education, by Dr. J. P. Harrison. 4. *Florula Lancastriensis*, or a catalogue, comprising nearly all the flowering and filiform plants, growing naturally within the limits of Fairfield county, with notes of such as are medicinal, by Dr. Bigelow. 5. An address by Dr. Dawson on a form of fever which prevailed in the eastern part of Green county, &c.

*Third Book of Natural History—Ornithology. By Ruschenberger.*²

The third book of Natural History is worthy of being placed alongside the first and the second. Of those we have already spoken; and we may now, we presume, congratulate Dr. Ruschenberger and the publisher, that sufficient encouragement has been received to induce them to continue this interesting and instructive series.

*Squarey's Agricultural Chemistry.*³

This work is not strictly medical, yet it is on a department of science of which no physician can, with propriety, be ignorant. Many of our physicians, too, are compelled to be practical farmers, and to them Mr. Squarey's work will be especially useful. It is concise, clearly expressed, and contains a vast amount of valuable matter in a very small compass, and at such a price that no one can plead poverty as an excuse for not possessing it.

¹ Proceedings of the Medical Convention of Ohio, held at Columbus, on the 5th, 6th, and 7th of May, 1841; with Papers on several subjects, read before that body; 8vo. pp. 84, Columbus, 1841.

² Ruschenberger's Series; Ornithology; the Natural History of Birds: Third Book of Natural History; prepared for the use of schools and colleges, by W. S. W. Ruschenberger, M. D., &c. &c., from the text of Milne Edwards and Achille Comte, &c., &c., with plates; 12mo. pp. 125, Philadelphia, 1842.

³ A popular treatise on Agricultural Chemistry, intended for the use of the practical Farmer, by Charles Squarey, Chemist: 12mo. pp. 156, Philadelphia, 1842.

*Kane's Experiments on Kiesteine.*¹

This paper exhibits the results of careful and accurate observation on a subject which required a series of well conducted experiments, and which we have long desired to see instituted. Dr. Kane has amply exhibited, that he was fully competent to the task, and has carried it through in a manner which will do him credit both now and hereafter; for his paper cannot fail to be cited by all who may hereafter wish to be considered on a level with the existing state of knowledge on the interesting and important department of our science of which it treats. The results of all his labours are summed up by Dr. Kane as follows:

- "1. That the Kiesteine is not peculiar to pregnancy, but may occur whenever the lacteal elements are secreted without a free discharge at the mammæ.
2. That though sometimes obscurely developed, and occasionally simulated by other pellicles, it is generally distinguishable from all others.
3. That where pregnancy is possible, the exhibition of a clearly defined kiesteinic pellicle is one of the least equivocal proofs of that condition; and
4. That when the pellicle is not formed in the more advanced stages of supposed pregnancy, the probabilities, if the female be otherwise healthy, are as 20 to 1 (81 to 4) that the prognosis is incorrect." P. 18.

*On the Relations of the U. S. Medical Corps.*²

This is an exceedingly temperate and well written exposé of the condition of the medical officers of the Navy, whose grievances are ably stated, and, we should hope, require but to be stated to be redressed. The pamphlet cannot fail to attract the attention of the Secretary of the Navy to the subject. The position of the naval medical officer when he first appears on shipboard, it need scarcely be said, is very different from that of a youth who first enters the service as a midshipman. The one has acquired an amount of essential knowledge, which enables him in private life to assume a station not inferior to any one; and this fact should be borne in mind in the regulations of the naval and military service; yet, hitherto, it has scarcely been heeded. The author of the Exposition is evidently one of those educated gentlemen, and his statements are worthy of all attention.

New England Quarterly Journal, No. 13

The first number of this new Periodical impresses us favorably. The Editors are gentlemen, and medical scholars; and they are supported by a long train of able co-laborers. It contains papers by Drs. Thomas Gray, jr., E. Warren, D. Humphreys Storer, E. Hale, jr., J. B. S. Jackson; Joseph Sargent, of Worcester, Geo. Hayward, J. Mason Warren, and Geo. A. Bethune: with Reviews,

¹ Experiments on Kiesteine, with remarks on its application to the diagnosis of pregnancy. An Inaugural Dissertation for the degree of Doctor of Medicine, by Elisha K. Kane, M. D., of Philadelphia. Published by the recommendation of the Faculty of the University of Pennsylvania; 8vo. pp. 26.

² An Exposition of the unjust and injurious relations of the U. S. Naval Medical Corps, by a member; 8vo. pp. 22, Baltimore, 1842.

³ The New England Quarterly Journal of Medicine and Surgery. Editors, Charles E. Ware, M. D., Samuel Parkman, M. D., No. 1 July, 1842; pp. 156, Boston, 1842.

Bibliographical Notices, Scientific Intelligence, and Extracts from Foreign and American Journals.

Surely a Journal so well supported, and supplied with excellent materials, under the guidance of able editors, cannot fail to receive every encouragement.

MISCELLANEOUS NOTICES.

[Through our friend, Professor J. K. Mitchell, we have been favored with the following announcement of the forthcoming publication of Liebig, which every lover of science will be anxious to see.]

Liebig's new work on Organic Chemistry and Physiology.—The appearance of this work is looked for with great interest by the medical profession in England, but has been delayed in consequence of new experiments and researches in which the author has been engaged. It is understood by letters from Professor Gregory of Aberdeen, who has translated the work, that it had been found necessary to cancel several of the pages, for the purpose of correcting serious errors, and of incorporating the results of the new experiments. The publication of this work under the supervision of Professor Webster, of Harvard college, at the request of the author, will be completed immediately on the reception of the corrections and additions from Dr. Liebig. In a letter from Professor Gregory, of 14th May, he says, "In my opinion this work will mark the commencement of a new era in Physiology. In translating it, I have experienced the highest admiration of the profound sagacity which has enabled Liebig to erect so very beautiful a structure on the foundation of facts which others have allowed to remain for so long utterly useless, and of the logical structure and extreme cogency of his arguments. There is hardly a point in physiology accessible to chemistry (I mean, of course, those on which experiments have been actually made) on which he has not, by the mere force of his intellect, thrown the brightest light. In short, we now feel that physiology has entered on the true path, and the results, before long, will, I prophesy, be altogether astonishing." The work is to appear in England, under the editorship of Dr. Gregory, and in this country, under that of Professor Webster, at the same time.

Castleton Medical College.—The Catalogue for the Spring Term, 1842, contains the names of seventy students: whereof there were, from Lower Canada, 8; from Massachusetts, 3; from New York, 29; from New Hampshire, 1; from Pennsylvania, 2; from Vermont, 31; and from Wisconsin, 1.

Necrology. We notice, in the foreign and domestic Journals, the deaths of several distinguished members of the Profession, whose names are well known to all our readers. For example: of Sir Charles Bell, the eminent physiologist and surgeon, at the age of 67; of Dr. Yelloly, who was at one time in great eminence in London, and subsequently settled in Norwich; of Hann, of Berlin; and of Fricke, of Hamburgh, of Devergie, of Paris; of Dr. Blake, the author of a work on *Delirium Tremens*; and of Dr. Oliver, lately professor in the Medical College of Ohio, and the author of a work on Physiology, which is in its second edition.

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